

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 4/7/08Supp-08**1072171**1. NAME BENOIT HARRY L MI
Last First MI2. BUSINESS PHONE 337 298-18883. BUSINESS ADDRESS 492 NONA ST BREAUX BRIDGE, LA 70517
Street and No. City State ZipMAILING ADDRESS SAME
Street and No. City State Zip4. EMPLOYER SELF5. EMPLOYER'S ADDRESS 492 NONA ST BREAUX BRIDGE, LA 70517
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

WILLIAM E. TROTTER II1. Name ST GABRIEL DOWNS, LLCAddress 600 JEFFERSON ST SUITE 1030 HORSE RACINGBusiness or purpose LAFALETTE, LA, 70501☒ New RepresentationDoes this person pay you? YESIf No, who pays you? ☐ Terminated Representation as of **HAND DELIVERED**

SUPPLEMENTAL REGISTRATION FORM



2. Name GOTTSON OIL & CONSTRUCTION
Address 2035 EVANGELINE HWY SENNINGS, GA 70546
Business or purpose CONSTRUCTION & TRUCKING

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 4-7-08

3. Name _____
Address _____
Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist